

other leaders, the American Medical Association is largely indebted for the reorganization plan adopted at the St. Paul session of the American Medical Association in 1901, under which the medical profession of the United States today functions through one strong national organization, made of constituent state associations (one, and one only, for each commonwealth), these in turn composed of component county societies (one, and one only, for each county). The passing years have emphasized the value of this centralized recognition and authority vested in one single national association as the representative organization of the entire medical profession of the United States; the same plan operating with equal efficacy in each of the states of the Union, and, also, in every one of the counties that make up the respective commonwealths. The adoption of that simple but far-reaching plan in St. Paul in 1901 made for the automatic demotion and elimination of many organizations which, up to that time, imagined themselves possessed of prestige and rank equal to that of the American Medical Association.

The great progress made in American medical organization work in the last thirty-six years may be said to have its basic strength in the above plan, and in its correlated factor of a representative legislative body, the House of Delegates, through which the business of the national and state associations is carried on. That we have this beneficent organization plan, and that the medical profession has been able to lift itself out of the confused organization set-ups in existence some four decades ago, is largely due to the late Dr. George H. Simmons and the group of men who, in those earlier days, worked with him to bring order out of chaos in organized medicine, in order that through better methods more efficient service and progress might also be carried on in the domain of scientific medicine.

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Organized Medicine Renders Its Tribute to a Great Leader.—CALIFORNIA AND WESTERN MEDICINE, for the California Medical Association, joins with the official journals of other constituent state medical associations to pay tribute to the memory of the late George H. Simmons. From the *Journal of the American Medical Association* some paragraphs concerning his work are given below:

The Journal of the American Medical Association was established in 1883. When Doctor Simmons took over the editorial supervision and management, its total subscription list was approximately ten thousand. From that time it showed continuous improvement. Furthermore, under his leadership it became a significant weapon in the initiation and progress of great movements for the advancement of medical education and medical science. In 1901 *The Journal* began the annual publication of information concerning the medical schools of the country. In 1903 it undertook publication of the results of the examinations of graduates in medicine for licensure by state examining boards. The next step was the organization of the Council on Medical Education and Hospitals in 1905. At the same time the Council on Pharmacy and Chemistry was developed, and in association with it the chemical laboratory and the Department of Propaganda for Reform, which eventually became the Bureau of Investigation. Thereafter came other councils and departments. . . .

As an editor, Dr. George H. Simmons was alert and fearless. His attacks on quackery and fraud in the field of

medicine brought on his unwearied head and shoulders the counter-attacks of those who saw their unscrupulous exploitations exposed and their incomes discontinued. It was his policy never to reply to any of the personal attacks made on him in the course of his service. . . .

This, then, is briefly the record of Dr. George H. Simmons as an executive and administrator. His work for the American Medical Association was characterized by intelligence, unselfishness, initiative, honesty, and righteousness. In his personal life he had his share of physical and mental suffering. He weathered storms of unjust criticism and false characterization of his administration. He devoted himself almost objectively and completely devoid of personal interest to the public career which he had chosen. Unquestionably, he was the greatest factor in his generation in the development of the American Medical Association and the profession that it represents. . . .

GOVERNMENT MEDICINE

Senator James Hamilton Lewis' Joint Senate Resolution 118.—In the August issue, on page 75, under the above caption, some references were made to the address of Senator James Hamilton Lewis of Illinois, given by him at the June 10 meeting of the House of Delegates of the American Medical Association. We stated that Senator Lewis' remarks, as printed in the *Journal of the American Medical Association*, seemed somewhat vague. That criticism applies likewise to Joint Resolution 118, introduced by the Honorable Senator from Illinois at the session of Congress recently adjourned; his resolution being referred in regular form to a Senate committee (Finance). In what dress it will make its appearance at succeeding sessions of Congress is difficult to forecast. Some of the provisions in the draft of Joint Resolution 118 imply that they cannot be taken seriously at this time. However, as one of the modern-day expressions of a form of proposed "state medicine," it is worth perusal, and for reference and historical purposes is here given in full:

SENATE JOINT RESOLUTION (118)

To provide medical aid for the needy and the stricken with illness who are unable because of poverty to provide treatment and hospitalization; also to establish all licensed medical practitioners as civil officers of National Government.

WHEREAS, The Federal Government has recognized its social responsibilities to its citizens by the enactment of the Social Security Act; and

WHEREAS, An extension of such responsibilities is necessary to provide adequate medical care and attention for the impoverished and needy to assure the full enjoyment of social security; therefore be it

Resolved by the Senate and House of Representatives of the United States of America in Congress assembled, That all physicians and surgeons who practice the profession of medicine or surgery in the United States or its territories are hereby declared to be civil officers of the United States for the purposes of this joint resolution.

Sec. 2. Any such physician or surgeon shall render such medical or surgical aid requested of him by any impoverished individual who is in need of such aid, and, where necessary, to order the hospitalization of any such individual. Any hospital to which such an order is directed shall, in so far as its facilities permit, provide for the hospitalization and care of any such individual in the manner best adapted to accomplish his recovery.

Sec. 3. Any physician, surgeon, or hospital rendering aid to impoverished individuals as provided in Section 2 are authorized to make such charges for such aid as are reasonable and just. Bills for such charges shall be submitted to the Social Security Board, which is authorized

and directed to pay them, under such rules and regulations as it may prescribe.

Sec. 4. (a) It shall be unlawful for any physician, surgeon, or hospital official or employee to refuse to render aid as provided for in this joint resolution, or to make exorbitant or excessive charges for such aid, or to make any charge against an individual to whom aid has been rendered in addition to the charge paid by the Social Security Board.

(b) It shall be unlawful for any person fraudulently to represent that he is impoverished for the purpose of receiving aid under this joint resolution.

(c) Any person violating any of the provisions of this joint resolution shall be deemed guilty of a misdemeanor and, upon conviction thereof, shall be fined not more than \$1,000, or imprisoned not more than three months, or both.

Sec. 5. The Social Security Board shall have power to make such rules and regulations as may be necessary to carry out the provisions of this joint resolution.

Sec. 6. There is hereby authorized to be appropriated such sums as may be necessary to carry out the provisions of this joint resolution.

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An Article on "Government Medicine" by David Lawrence, Editor of the "United States News."—David Lawrence, editor of the *United States News*, in a syndicated article recently printed a story of one of the plans "urged by persons inside the Administration who see the job possibilities and patronage potentialities of a medical bureaucracy in the Government." The Lawrence dispatch may be read, (on page 285), in connection with Senator Lewis' joint resolution.

* * *

Editorial Comments on the Lawrence Article. The statements by Mr. Lawrence did not escape criticism, and from editorial comment in the *San Francisco Chronicle* of August 27 the following excerpts are taken:

The very first requirement of a sound health insurance system on a state or national scale is that the patient shall choose his own physician, as he does now, and deal with him individually; as he does now, in all respects except paying his bills. And even these bills are paid from the insurance fund, not by the taxpayers; and the physician is not a state employee, nor even an insurance fund employee, but an independent physician practicing medicine.

The objections to politically controlled state medicine are sound. So are the objections to the too low fees of certain European systems, which compel some doctors to serve too many patients for too little compensation and lower standards of work. But these are not objections to health insurance itself and they are evils which experience abroad has taught us how to correct. . . .

* * *

Politics and Health Insurance Do Not Mix.—In the *Chronicle* excerpts, we have italicized the sentence, "The objections to politically controlled state medicine are sound," because that is the important thought to be kept in mind in discussing governmental health insurance, be it either of federal or commonwealth type. Last month (in the September issue, page 145) we commented on the views expressed by Sir Henry B. Brackenbury of London, as made to a group of Los Angeles physicians, in which he emphasized the point that in his opinion state health insurance, to be successful, must be altogether divorced from political influences. Until such time as that much desired end can be attained in the United States, we shall continue skeptical as to the possibility of success-

fully instituting and carrying forward such a system in any of the states of the Union. In our American democracy, under the political systems now existing—vastly different as they are from the permanent civil service personnel background in Britain's plan of government—we find it impossible to visualize how our politicians would keep their hands off the moneys necessary to carry on a governmental health insurance plan.

* * *

Reaction to State Medicine by Non-Believers in Medical Science.—Presenting now, for comparison, the point of view of a group of Americans who cannot be said to be believers in medical science, we print an article on "State Medicine," which appeared in the *Christian Science Monitor* of September 4, 1937 (see Special Articles Department, page 276). Its perusal should likewise be of interest. Members of the Association who desire to read opposing points of view on the much-discussed topic, "State Medicine," may find the references of informative value.

Other State Association and Component County Society News.—Additional news concerning the activities and work of the California Medical Association and its component county medical societies is printed in this issue, commencing on page 259.

EDITORIAL COMMENT[†]

RECENT FRACTURES OF THE HIP: NEWER METHODS OF TREATMENT*

During the past five years, certain technical advances have placed the problem of fractured hip in a new light. These procedures involve the internal fixation of the head and neck of the femur by means of various types of nails or screws. Although such methods go back eighty years to Von Langenbeck,⁶ the modern use of internal fixation of the hip dates from the work of Smith-Petersen,¹ who reported his first results with the three-flanged nail in 1931. Since that date a voluminous literature on this subject has sprung up. During the past three years, sixty-seven articles from thirteen different countries have dealt purely with the methods of introducing some type of metal fixation into a fractured hip. A recent issue of *Surgery, Gynecology, and Obstetrics* contains two excellent reviews^{2,3} of this subject.

[†] This department of CALIFORNIA AND WESTERN MEDICINE presents editorial comments by contributing members on items of medical progress, science and practice, and on topics from recent medical books or journals. An invitation is extended to all members of the California Medical Association to submit brief editorial discussions suitable for publication in this department. No presentation should be over five hundred words in length.

* From the Department of Surgery, Division of Orthopedic Surgery, University of California Medical School.

¹ Smith-Petersen, M. N., Cave, E. F., and Van Gorder, G. W.: Intracapsular Fractures of the Neck of the Femur; Treatment by Internal Fixation, *Arch. Surg.*, 23:715-759, 1931.

² Smith-Petersen, M. N.: Treatment of Fractures of the Neck of the Femur by Internal Fixation, *Surg. Gynec., and Obst.*, 64:287-295 (Feb. 15), 1937.

³ Moore, A. T.: Fracture of the Hip Joint—Treatment by Extra-Articular Fixation with Adjustable Nails, *Surg. Gynec., and Obst.*, 64:420-436 (Feb. 15), 1937.